

OSH Issues facing Physicians and Nurses: Burnout and Occupational Stress

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39TH ANNUAL SCIENTIFIC MEETING
NEW YORK, NY
NOVEMBER 20, 2018

Disclosure

- ▶ I have no financial relationships to disclose.

Objectives

- ▶ To describe the primary technological hazards facing physicians and nurses and how that contributes to burnout and occupational stress
- ▶ To understand what policies can be created and implemented that impact safety and health of the physicians and nurses at an institution

OSHA program

- ▶ 5 areas:
 - ▶ Slips, trips, and falls
 - ▶ Patient handling
 - ▶ Ergonomic issues
 - ▶ Workplace violence
 - ▶ Bloodborne pathogen exposure



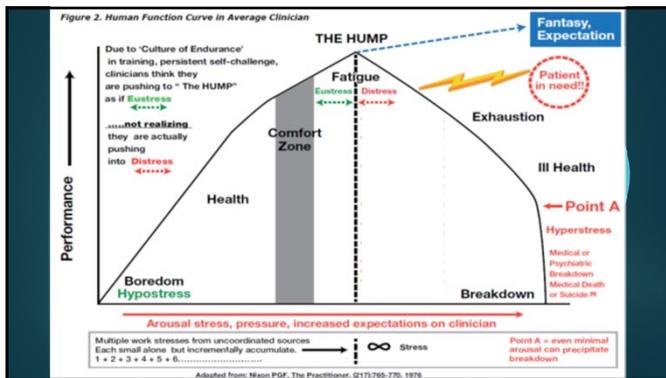
In addition to these occupational hazards what role does technology play in the health of healthcare workers?





Occupational Stress

- ▶ The National Institute for Occupational Safety and Health defines Occupational Stress as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker"



Professional Burnout

- ▶ Characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment



Flags of impending burnout. Adapted from *in pursuit of the Fourth Arm in Health Care*, Medical Clinics of North America 101 (2017) 1031-1040.

Professional Burnout

- ▶ 46% of US physicians experience symptoms of burnout in 2011
- ▶ By 2014, burnout rates had escalated to 54% among physicians even though rates among other working US adults remained steady
- ▶ Especially among ER physicians, internists, neurologists, FP
- ▶ 34% of hospital nurses, 37% of nursing home nurses report burnout compared with 22% of nurses working in other health settings

How Technology Contributes to Burnout

- ▶ ER physicians spend 44% of their day doing data entry, only 28% of time is spent with patients
- ▶ When in the exam room with pts PCPs spend from 25% to 50% of their time attending to the computer
- ▶ At a VA during a one year period, PCPs spent 49 minutes per day responding to inbox alerts in addition to documentation. One half of such alerts have little clinical significance, over 80% of the text in the alerts were unnecessary
- ▶ Physicians reported up to 2 hours of after-hours work each night, mostly devoted to EHR tasks
- ▶ A 2013 survey of 30 physician practices found that EHR technology has worsened professional satisfaction through time consuming data entry and interference with patient care

Quotes on Burnout

- ▶ "I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist."
- ▶ "I realized that my beloved profession was being turned upside down by technology."
- ▶ "It could be worse . . . I could be younger."

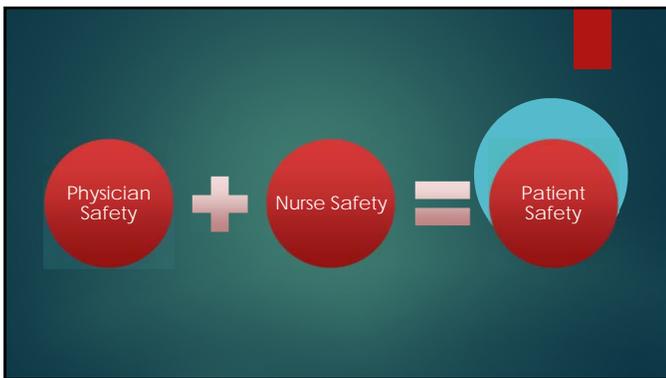
Costs of Burnout



- ▶ Depression (prevalence in physicians 39%)
- ▶ Anxiety
- ▶ Emotional exhaustion (prevalence in nurses is 23-31%)
- ▶ Alcohol abuse/ dependence (12.9% male, 21.4% female)
- ▶ Suicidal ideation
- ▶ Decreased quality of interpersonal relationships

Costs of Burnout

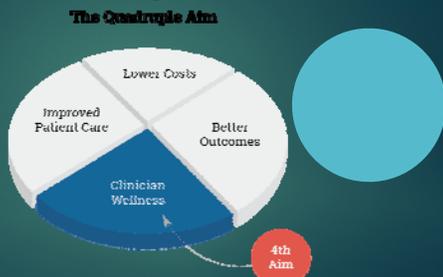
- ▶ Physician and care team burnout may contribute to overuse of resources and thereby increased costs of care
- ▶ Unhappy physicians are 2-3 times more likely to leave their practice
- ▶ More EHR functionalities- emails with pts, physician order entry, alerts and reminders- are associated with more burnout and intent to leave practice
- ▶ Replacement costs per physician 500 K to 1 mil
- ▶ The average cost of turnover of a nurse ranges from \$37,700 to \$64,000



Burnout links to Patient Safety

- ▶ Dissatisfied physicians and nurses are associated with lower patient satisfaction
- ▶ Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications
- ▶ Physician burnout is associated with reduced adherence to treatment plans, resulting in negatively affected clinical outcomes
- ▶ Burnout also leads to lower levels of empathy, which is associated with worsened clinical outcomes for patients with diabetes
- ▶ Patient safety is threatened by nurse dissatisfaction; many nurses report that their workload causes them to miss important changes in their patients' condition
- ▶ A review of 29 studies found positive associations between hospital work environment and nurse-sensitive patient outcomes

What should be the goal?



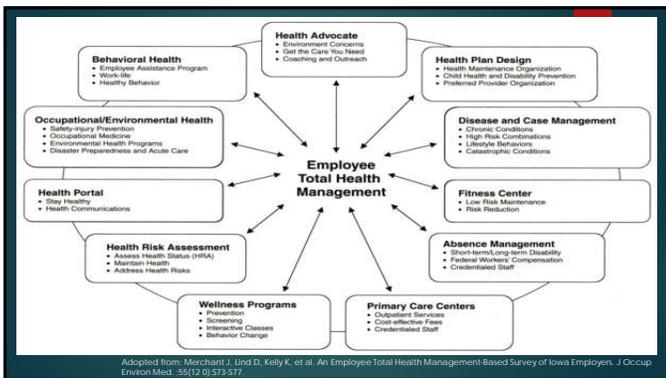
Adapted from the American Medical Association: Creating the Organizational Foundation for Joy in Medicine, 2017

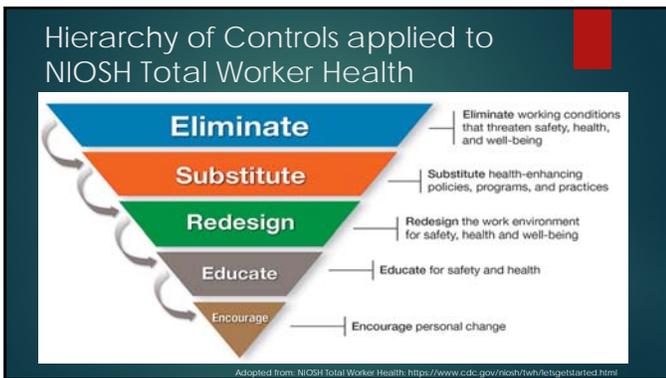
What policies can be created and implemented that impact safety and health of the physicians and nurses?



Interventions

- ▶ Individual
 - ▶ Used to be individual focused-“blaming the victim”
 - ▶ Resilience training
 - ▶ Mindfulness meditation
- ▶ Institutional
 - ▶ Integrated health care worker health and patient safety programs





Eliminate or reduce

- ▶ Leadership responsibility
- ▶ Stronger administer/ physician partnerships with participatory management



Leadership responsibility

Action	Comment
Validate Suffering	Empathy, validate feeling, recognize impact: you will navigate with them as partners
Communicate	Keep physicians & nurses informed
Help physicians & nurses understand the business	Help educate our physician & nurse partners so they better understand why decisions are being made
Be Inclusive	If you want physician & nursing support for key decisions, include them in the <u>real</u> decision making
Recognize the need for symbiosis	Recognize the need for tandem roles of physicians/ nurses and administrators for quality of care and maintaining health of the business
Beware of Trigger issues	Before executing something new, understand the mood of the physicians and nurses and the effect the change will have

Adapted from Merino J, August 19, 2015, www.beckershospitalreview.com

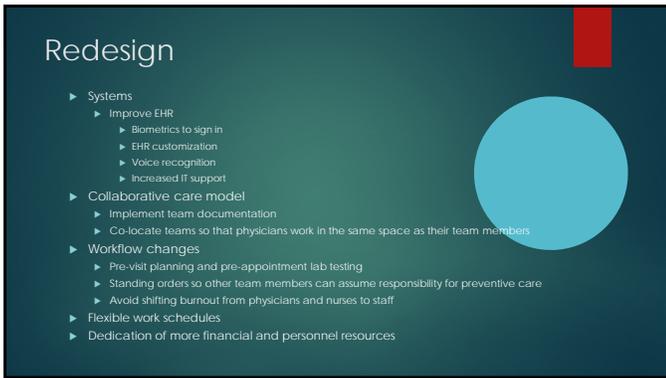
Substitute

- ▶ Culture of endurance for culture of wellness
 - ▶ Adopt physician and nurse well-being as an organizational value
 - ▶ Stating it, inquiring about it and more importantly, acting on it sends a strong message to physicians and staff and boosts productivity.
- ▶ Employee programs
 - ▶ Wellness seminars (quality for CME or malpractice reduction)
 - ▶ Mindfulness based programs in person, online, or by phone
 - ▶ Web based CBT
 - ▶ EAP- psychotherapy, private psychiatrist
- ▶ Gym
- ▶ Monthly social events, well-being days, required annual physicals



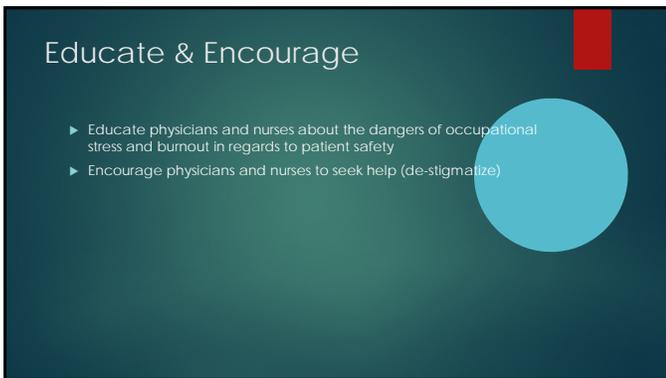
Redesign

- ▶ Systems
 - ▶ Improve EHR
 - ▶ Biometrics to sign in
 - ▶ EHR customization
 - ▶ Voice recognition
 - ▶ Increased IT support
- ▶ Collaborative care model
 - ▶ Implement team documentation
 - ▶ Co-locate teams so that physicians work in the same space as their team members
- ▶ Workflow changes
 - ▶ Pre-visit planning and pre-appointment lab testing
 - ▶ Standing orders so other team members can assume responsibility for preventive care
 - ▶ Avoid shifting burnout from physicians and nurses to staff
- ▶ Flexible work schedules
- ▶ Dedication of more financial and personnel resources

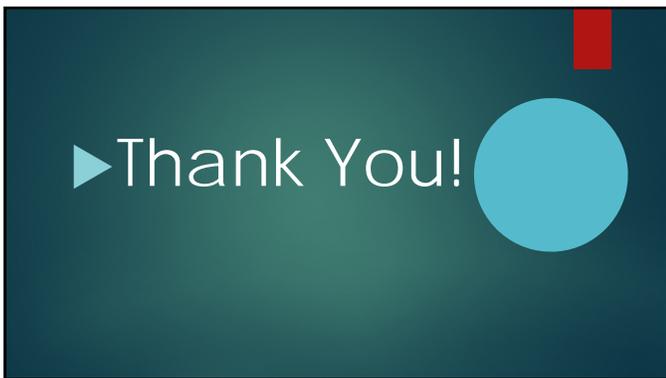
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Educate & Encourage

- ▶ Educate physicians and nurses about the dangers of occupational stress and burnout in regards to patient safety
- ▶ Encourage physicians and nurses to seek help (de-stigmatize)

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▶ Thank You!

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References

- ▶ [Balfanz S, Mendenhall LS, Brown R, et al. Electronic medical records and physician stress in primary care: results from the MEMO Study. J Am Med Inform Assoc. 2014;21\(4\):645-650.](#)
- ▶ [Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014 Nov-Dec;12\(9\):573-4.](#)
- ▶ [Riedinger MM, Chappin C, Van Baun KR, et al. Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy. BMC Collections. 2013.](#)
- ▶ [Gergen Barnett KA. In Pursuit of the Fourth Aim in Health Care: The Joy of Practice. Med Clin North Am. 2017 Sep;101\(5\):1031-1040.](#)
- ▶ [Hil RC, J. Sean LM, Mullenstein SR. 4000 clicks: a productivity analysis of electronic medical records in a community hospital ED. Am J Emerg Med. 2012;21\(11\):1207-1209.](#)
- ▶ [Hsieh TC, Jain CD, Maheshwari RV, Sherman R, Schneider C, Gonzalez D. Physicians' ambiguity and choice satisfaction for diabetic patients. Acad Med. 2017;92\(2\):289-294.](#)
- ▶ [Leopoldo R, Rodriguez J, Sauer J, et al. Interaction of Health Care Worker Health and Safety and Patient Health and Safety in the US Health Care System: Recommendations from the 2016 Summit. J Occup Environ Med. 2017 Aug;59\(8\):801-811.](#)
- ▶ [McHugh MD, Kutner Lisa A, Cheng Z, Rivers DM, Altem US. Nurses' self-reported job dissatisfaction, burnout, and frustration with health information systems for patient care. Am J Inf Manag. 2017;36\(2\):202-210.](#)
- ▶ [Munegast J, Auer D. Physician frustration with electronic health records in primary care. Health Syst \(Berghelstadt\). 2012;1\(2\):96-102.](#)
- ▶ [Murray DS, Bink B, Kalyan S, et al. Electronic health record based messages to primary care providers: valuable information or just noise? Arch Intern Med. 2017;177\(2\):287-295.](#)
- ▶ [Patterson M, Gomez MC, Kwan C, Bickard J. Burnout Reduction for the Individual Clinician. MCVY News of New York, October 2017. Available at: \[https://www.mcvy.com/.../\]\(#\). Accessed November 4, 2018.](#)
- ▶ [Rabinovitch D, Rosenblatt A, Perrowe F. Physician Burnout and Occupational Stress: An Inconvenient Truth with unintended consequences. Journal of Hospital Administration. 2016;41\(1\):7-20.](#)
- ▶ [Rosenblatt D, Rosen A, Sack L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172\(8\):1257-1263.](#)
- ▶ [Sinsky C, Colgan L, Li L, et al. Allocation of physician time in ambulatory practice: a time and motion study in 4 specialties. Ann Intern Med. 2016;165:753-61.](#)
- ▶ [Zwickl J, Huber P, Probst HR, et al. 122891 - Stress and Burnout Risk Factors: 102281. Journal of Occup Environ Med. November 2017. Available at: \[https://www.occenmed.com/.../\]\(#\). Accessed November 4, 2018.](#)
- ▶ [US Bureau and Labor Bureau of Labor Statistics. Employment Projections 2016-24. Available at: \[https://www.bls.gov/news.release/emp/proj2016.pdf\]\(#\). Accessed November 2, 2018.](#)
- ▶ [US Bureau and Labor Bureau of Labor Statistics. Survey of Occupational Injuries and Illnesses. Available at: \[https://www.bls.gov/news.release/archives/osh12-11-10.pdf\]\(#\). Accessed November 13, 2018.](#)
